

R430-100-16. INFECTION CONTROL.

- (1) Staff shall wash their hands thoroughly for at least 20 seconds with liquid soap and warm running water at the following times:
- (a) before handling or preparing food or bottles;
 - (b) before and after eating meals and snacks or feeding children;
 - (c) before and after diapering a child;
 - (d) after using the toilet or helping a child use the toilet;
 - (e) before administering medication;
 - (f) after coming into contact with body fluids, including breast milk;
 - (g) after playing with or handling animals;
 - (h) when coming in from outdoors; and
 - (i) after cleaning or taking out garbage.

Rationale / Explanation

Handwashing is the most important way to reduce the spread of infection. Many studies have shown that unwashed or improperly washed hands are the primary carriers of infection. Deficiencies in handwashing have contributed to many outbreaks of diarrhea among children and caregivers in child care centers. In centers that have implemented a handwashing training program, the incidents of diarrheal illness has decreased by 50%. One study also found that handwashing helped to reduce colds when frequent proper handwashing practices were incorporated into a child care center's curriculum. CFOC, pgs. 97-98 Standard 3.020; pg. 100 Standard 3.024

Washing hands after eating is especially important for children who eat with their hands, to decrease the amount of saliva (which may contain organisms) on their hands. Good handwashing after playing in sandboxes will help prevent ingesting parasites that can be present in contaminated sand and soil. Animals, including pets, are a source of infection for people, and people may be a source of infection for animals. CFOC, pgs. 97-98 Standard 3.020

Illness can be spread in a variety of ways that can be reduced with proper handwashing, including:

- *in human waste (urine, stool)*
- *in body fluids (saliva, nasal discharge, secretions from open injuries, eye, discharge, blood, etc.)*
- *through cuts or skin sores*
- *by direct skin-to-skin contact*
- *by touching an object that has germs on it*
- *in drops of water that travel through the air, such as those produced by sneezing or coughing.*

CFOC, pgs. 97-98 Standard 3.020

Since many infected people carry communicable diseases without having symptoms and many are contagious before they experience a symptom, staff members need to protect both themselves and children by following good hygiene practices on a routine basis. CFOC, pgs. 97-98 Standard 3.020

Running water over the hands removes soil, including infection-causing organisms. Wetting the hands before applying soap helps create a lather. The soap lather loosens soil and brings it into the solution on the surface of the skin. Rinsing the lather off into a sink removes the soil from the hands that the soap loosened. Warm water (no less than 60 degrees Fahrenheit and no more than 120 degrees) is more comfortable than cold water, which increases the likelihood that children and adults will adequately rinse their hands.

Using liquid soap is preferable over bar soap. Bar soaps sitting in water have been shown to be heavily

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contaminated with pseudomonas and other bacteria. In addition, many children do not have the dexterity to handle a bar of soap, and many adults and children do not take the time to rise off the soil that has gotten on the bar of soap before putting it down. CFOC, pgs. 98-99 Standard 3.021

Using a paper towel to turn off the faucet after handwashing can prevent the re-contamination of just-washed hands by germs on the faucet. CFOC, pgs. 98-99 Standard 3.021

Enforcement

In classrooms without a sink, caregivers may use hand sanitizer after wiping children's noses.

Level 1 Noncompliance: If handwashing does not take place a caregiver uses the toilet. Or, if a caregiver does not wash his/her hands after a diaper change when the diaper was soiled with feces..

Level 2 Noncompliance: If handwashing does not take place at any of the other required times, including after a diaper change when the diaper was only wet, but not soiled with feces.

Level 3 Noncompliance: If handwashing takes place, but not for 20 seconds.

- (2) The provider shall ensure that children wash their hands thoroughly for at least 20 seconds with liquid soap and warm running water at the following times:**
- (a) before and after eating meals and snacks;**
 - (b) after using the toilet;**
 - (c) after coming into contact with body fluids;**
 - (d) after playing with animals; and**
 - (e) when coming in from outdoors.**

Rationale / Explanation

Handwashing is the most important way to reduce the spread of infection. Many studies have shown that unwashed or improperly washed hands are the primary carriers of infection. Deficiencies in handwashing have contributed to many outbreaks of diarrhea among children and caregivers in child care centers. In centers that have implemented a handwashing training program, the incidents of diarrheal illness has decreased by 50%. One study also found that handwashing helped to reduce colds when frequent proper handwashing practices were incorporated into a child care center's curriculum. CFOC, pgs. 97-98 Standard 3.020; pg. 100 Standard 3.024

Washing hands after eating is especially important for children who eat with their hands, to decrease the amount of saliva (which may contain organisms) on their hands. Good handwashing after playing in sandboxes will help prevent ingesting parasites that can be present in contaminated sand and soil. Animals, including pets, are a source of infection for people, and people may be a source of infection for animals. CFOC, pgs. 97-98 Standard 3.020

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- in human waste (urine, stool)*
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- through cuts or skin sores*
- by direct skin-to-skin contact*

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- *by touching an object that has germs on it*
 - *in drops of water that travel through the air, such as those produced by sneezing or coughing.*
- CFOC, pgs. 97-98 Standard 3.020

Since many infected people carry communicable diseases without having symptoms and many are contagious before they experience a symptom, staff members need to protect both themselves and children by following good hygiene practices on a routine basis. CFOC, pgs. 97-98 Standard 3.020

Running water over the hands removes soil, including infection-causing organisms. Wetting the hands before applying soap helps create a lather. The soap lather loosens soil and brings it into the solution on the surface of the skin. Rinsing the lather off into a sink removes the soil from the hands that the soap loosened. Warm water (no less than 60 degrees Fahrenheit and no more than 120 degrees) is more comfortable than cold water, which increases the likelihood that children and adults will adequately rinse their hands.

Using liquid soap is preferable over bar soap. Bar soaps sitting in water have been shown to be heavily contaminated with Pseudomonas and other bacteria. In addition, many children do not have the dexterity to handle a bar of soap, and many adults and children do not take the time to rise off the soil that has gotten on the bar of soap before putting it down. CFOC, pgs. 98-99 Standard 3.021

Using a paper towel to turn off the faucet after handwashing can prevent the re-contamination of just-washed hands by germs on the faucet. CFOC, pgs. 98-99 Standard 3.021

Enforcement

Level 2 Noncompliance: If handwashing does not take place at each of the required times.

Level 3 Noncompliance: If handwashing takes place, but not for 20 seconds.

- (3) Only single use towels from a covered dispenser or an electric hand-drying device may be used to dry hands.**

Rationale / Explanation

Shared hand drying towels can transmit infectious disease. Preventing shared use of individual towels assigned to a single child is difficult. The use of a cloth towel roller is not recommended for two reasons. First, children often use cloth roll dispensers improperly, resulting in more than one child using the same section of towel. And second, incidents of accidental strangulation in these devices have been reported. CFOC, pgs. 98-99 Standard 3.021

Enforcement

Always Level 3 Noncompliance.

- (4) The provider shall ensure that toilet paper is accessible to children, and that it is kept on a dispenser.**

Rationale / Explanation

The purpose of this rule to prevent the spread of disease through fecal matter. If toilet paper is not on a

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dispenser, children pick it up with hands that may be contaminated with fecal matter, which remains on the roll and is transferred to the next child when he or she picks the roll up. CFOC, pgs. 227-228 Standard 5.096

Enforcement

Level 2 Noncompliance: If a toilet has no toilet paper, and there are no spare rolls of toilet paper available in the facility. Or, if toilet paper is not kept on a dispenser.

Level 3 Noncompliance: If a toilet has no toilet paper, but there are spare rolls of toilet paper available in the facility.

- (5) The provider shall post handwashing procedures at each handwashing sink, and they shall be followed.**

Rationale / Explanation

The purpose of the rule is so that staff and children have visual handwashing reminders at each sink. Pictures of the steps to proper handwashing remind children who cannot yet read what the proper handwashing steps are.

Enforcement

Always Level 3 Noncompliance.

- (6) Caregivers shall teach children proper hand washing techniques and shall oversee hand washing whenever possible.**

Rationale / Explanation

Children need to be taught effective handwashing procedures, and helped to use them in actual practice. This will help to ensure that proper handwashing takes place at needed times. For more information on the importance of proper handwashing, see numbers (1) and (2) above. CFOC, pgs. 99-100 Standards 3.022, 3.023

Enforcement

Always Level 3 Noncompliance.

- (7) Personal hygiene items such as toothbrushes, or combs and hair accessories that are not sanitized between each use, shall not be shared by children or used by staff on more than one child, and shall be stored so that they do not touch each other.**

Rationale / Explanation

Respiratory, gastrointestinal, and skin infections such as lice, scabies, and ringworm, are among the most common infectious diseases in child care. These diseases are transmitted by direct skin-to-skin contact and by sharing personal items such as combs, brushes, towels, clothing, and bedding. Toothbrushes are contaminated with infectious agents from the mouth and must not be allowed to serve as a conduit of infection from one child to another. CFOC, pgs. 226-227 Standards 5.094, 5.095

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Enforcement

Always Level 3 Noncompliance.

- (8) The provider shall clean and sanitize all washable toys and materials weekly, or more often if necessary.**

Rationale / Explanation

Contamination of toys and other objects in child care areas plays a role in the transmission of disease in child care settings. All toys can spread disease when children touch the toys after putting their hands in their mouth during play or eating, or after toileting with inadequate handwashing. Using a mechanical dishwasher is an acceptable labor-saving approach for plastic toys as long as the dishwasher can wash and sanitize the surfaces. CFOC, pgs. 108-109 Standard 3.036; pgs. 104-105 Standard 3.028

Enforcement

This rule should be cited if toys or materials are visibly dirty during an inspection, or if the provider indicates they do not clean and sanitize all washable toys and materials at least weekly.

Always Level 3 Noncompliance.

- (9) Stuffed animals, cloth dolls, and dress-up clothes must be machine washable. Pillows must be machine washable, or have removable covers that are machine washable. The provider shall wash stuffed animals, cloth dolls, dress-up clothes, and pillows or covers weekly.**

Rationale / Explanation

Contamination of toys and other objects in child care areas plays a role in the transmission of disease in child care settings. All toys can spread disease when children touch the toys after putting their hands in their mouth during play or eating, or after toileting with inadequate handwashing. CFOC, pgs. 108-109 Standard 3.036; pgs. 104-105 Standard 3.028

Many allergic children have allergies to dust mites, which are microscopic insects that ingest the tiny particles of skin that people shed normally every day. Dust mites live in fabric, but can be killed by frequent washing and drying in a heated dryer. CFOC, pgs. 107-108 Standard 3.034

Lice, scabies, and ringworm can also be spread through fabrics. CFOC, pg. 110 Standard 3.039; pgs. 226-227 Standard 5.094

Enforcement

This rule should be cited if these items are visibly dirty during an inspection, or if the provider indicates they do not wash them at least weekly.

Always Level 3 Noncompliance.

- (10) If water play tables or tubs are used, they shall be washed and sanitized daily, and children shall wash their hands prior to engaging in the activity.**

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Rationale / Explanation

The purpose of this rule is to avoid the spread of disease as multiple children's hands play in the water in water tables. Contamination of hands, toys, and equipment in the room where water play tables are located plays a role in the transmission of disease in child care settings. CFOC, pgs. 224-225 Standard 5.091

Enforcement

Always Level 3 Noncompliance.

- (11) The licensee shall ensure that all employees are tested for tuberculosis (TB) within two weeks of hire by an acceptable skin testing method and follow-up.**

Rationale / Explanation

Tuberculosis (TB) is a serious, contagious disease that can be spread from human-to-human long before the infected person realizes that they are infectious. There has been a dramatic rise in the incidence of TB in recent years, due to factors such as increased immigration from countries with high rates of TB, increases in foreign travel (which increases exposure), and an increased number of individuals who suffer from immune deficiency disorders which make them particularly susceptible to acquiring and spreading TB.

The purpose of this rule is to prevent the spread of TB from infected adults to children. Young children acquire TB from infected adults or adolescents. Tuberculosis organisms are spread by the inhalation of small particles which are produced when an infected adult or adolescent coughs or sneezes. Transmission usually occurs in an indoor environment. CFOC, pgs. 291 -292 Standard6.014; pgs. 36-37 Standard 1.045

Enforcement

The Bureau will accept proof of a negative TB test conducted prior to employment, if the person has not traveled outside of the United States or worked with a homeless population since the test was done.

Always Level 3 Noncompliance.

- (12) If the TB test is positive, the caregiver shall provide documentation from a health care provider detailing:**
- (a) the reason for the positive reaction;**
 - (b) whether or not the person is contagious; and**
 - (c) if needed, how the person is being treated.**

Rationale / Explanation

The purpose of this rule is to prevent the spread of TB from infected adults to children. Young children acquire TB from infected adults or adolescents. Tuberculosis organisms are spread by the inhalation of small particles which are produced when an infected adult or adolescent coughs or sneezes. Transmission usually occurs in an indoor environment. CFOC, pgs. 291 -292 Standard6.014; pgs. 36-37 Standard 1.045

Enforcement

Always Level 2 Noncompliance.

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(13) Persons with contagious TB shall not work or volunteer in the center.

Rationale / Explanation

The purpose of this rule is to prevent the spread of TB from infected adults to children. Young children acquire TB from infected adults or adolescents. Tuberculosis organisms are spread by the inhalation of small particles which are produced when an infected adult or adolescent coughs or sneezes. Transmission usually occurs in an indoor environment. CFOC, pgs. 291 -292 Standard 6.014; pgs. 36-37 Standard 1.045

Enforcement

Always Level 1 Noncompliance.

(14) An employee having a medical condition which contra-indicates a TB test must provide documentation from a health care provider indicating they are exempt from testing, with an associated time frame, if applicable. The provider shall maintain this documentation in the employee's file.

Rationale / Explanation

The purpose of this rule is to prevent the spread of TB from infected adults to children. Young children acquire TB from infected adults or adolescents. CFOC, pgs. 291 -292 Standard 6.014; pgs. 36-37 Standard 1.045

Enforcement

Always Level 3 Noncompliance.

(15) Children's clothing shall be changed promptly if they have a toileting accident.

Rationale / Explanation

Containing and minimizing the handling of soiled clothing so it does not contaminate other surfaces is essential to prevent the spread of infectious disease. Soiled clothing can spread infectious disease agents as children play, walk around, or sit in classroom areas wearing wet or soiled clothing. Children can also get a skin rash from being in wet or soiled clothing too long. CFOC, pg. 96 Standard 3.018

This rule is also intended to minimize the embarrassment of children who have toileting accidents.

Enforcement

Being changed promptly means that as soon as the caregiver is aware that a child has had a toileting accident:

- the child is changed immediately if spare clothing is available.*
- if no spare clothing is available, the child's parent is called and asked to bring spare clothing.*
- if no spare clothing is available, the child is separated from other children until their parent can bring spare clothing.*

Always Level 2 Noncompliance.

(16) Children's clothing which is wet or soiled from body fluids:

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- (a) shall not be rinsed or washed at the center; and
- (b) shall be placed in a leakproof container, labeled with the child's name, and returned to the parent.

Rationale / Explanation

Containing and minimizing the handling of soiled clothing so it does not contaminate other surfaces is essential to prevent the spread of infectious disease. Rinsing soiled clothing or putting stool into a toilet in the child care center increases the likelihood that other surfaces will be contaminated. CFOC, pg. 96 Standard 3.018

Enforcement

Plastic grocery bags are not considered a leakproof container. Many contain holes for ventilation, and the top of the bag is not leakproof even when it is tied in a knot.

Always Level 3 Noncompliance.

- (17) If the center uses potty chairs, the provider shall clean and disinfect them after each use.**

Rationale / Explanation

The purpose of this rule is to prevent the spread of disease through fecal matter or the growth of disease-causing microorganisms in urine or stool that sit in potty chairs over time. It is also necessary in order to prevent naturally curious toddlers from playing in urine or feces that may be in potty chairs after they are used. CFOC, pg. 105 Standard 3.029

Because of the difficulties in the sanitary handling of potty chairs, the American Academy of Pediatrics and the American Public Health Association recommend that they not be used.

Enforcement

Always Level 2 Noncompliance.

- (18) Staff who prepare food in the kitchen shall not change diapers or assist in toileting children.**

Rationale / Explanation

The possibility of involving a large number of people in a foodborne illness outbreak is great in child care centers. Staff who diaper children or assist in toileting children are frequently exposed to feces and to children with infections of the intestines (often with diarrhea). If these same staff members then cook food that is served throughout the center, they risk spreading foodborne illness throughout the center. In addition, cooking large volumes of food requires special caution to avoid contamination of the food with even small amounts of infectious material. Larger quantities of food take longer to heat or cool to safe temperatures, and thus spend more time in the danger of temperature zones between 40 and 140 degrees Fahrenheit where more rapid multiplication of microorganisms occurs. CFOC, pgs. 173-174 Standard 4.051

Enforcement

This rule is cited when a staff member who is normally assigned cooking duties goes into a diapered group of

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children to assume caregiving duties. If a staff member who is normally assigned caregiving duties for diapered children goes into the kitchen to prepare food for people outside of their assigned group of children, cite R430-100-23(13), not this rule.

If needed, a staff person may cook immediately upon coming into the center each day, and after cooking move to caregiving duties in a classroom in which they change diapers or assist in toileting children, provided they **do not** go back to cooking or working in the kitchen at any time during the day **after** they have assumed these caregiving duties.

Always Level 3 Noncompliance.

(19) The center shall have a portable body fluid clean up kit.

- (a) All staff shall know the location of the kit and how to use it.**
- (b) The provider shall use the kit to clean up spills of body fluids.**
- (c) The provider shall restock the kit as needed.**

Rationale / Explanation

Children and adults may unknowingly be infected with infectious agents such as hepatitis B, HIV, or other infectious agents found in blood. Blood and body fluids containing blood (such as water discharges from injuries) pose the highest potential risk, because bloody body fluids contain the highest concentration of viruses. In addition, the hepatitis B virus can survive in a dried state for at least a week and perhaps even longer. Some other body fluids such as saliva contaminated with blood or blood-associated fluids may contain live viruses but at lower concentrations than are found in blood itself. Many other types of infectious germs may be contained in human waste and other body fluids. Because many people carry such communicable diseases without having symptoms, and many are contagious before they experience symptoms, adults and children alike need to be protected by following safe procedures for handling body fluids. CFOC, pgs. 101-102 Standard 3.026; pgs. 28-29 Standard 1.033

Suggested contents for a body fluid clean up kit include:

- (1) disposable gloves;
- (2) clumping cat litter, sawdust, or other absorbent material;
- (3) plastic garbage bags with ties or fasteners;
- (4) a plastic scoop and dustpan, or other tools to clean up absorbed body fluids;
- (5) paper towels; and
- (6) disinfectant.

See CFOC, pg. 419 Appendix J for an instruction page on proper clean up of body fluids. See CFOC, pg. 412 Appendix D for information on removing disposable gloves after cleaning up body fluids.

Enforcement

Level 2 Noncompliance: If a body fluid spill is not properly cleaned up, or no one at the center knows the location of the kit or how to properly use it.

Level 3 Noncompliance otherwise.

(20) The center shall not care for children who are ill with an infectious disease, except when a child shows signs of illness after arriving at the center.

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Rationale / Explanation

Secondary spread of infectious disease has been proven to occur in child care. Removal of children known or suspected of contributing to an outbreak will help to limit transmission of the disease by preventing the development of new cases. CFOC, pgs. 124-129 Standards 3.065, 3.066, 3.067; pgs. 140-141 Standard 3.087

Symptoms which may indicate an infectious disease include:

- (1) *a fever of 101 degrees or higher for infants younger than 4 months of age, or a fever of 102 or greater for children age 4 months and older*
- (2) *an unexplained rash*
- (3) *irritability*
- (4) *lethargy*
- (5) *a persistent cough*
- (6) *vomiting*
- (7) *diarrhea*
- (8) *infected eyes with discharge*

Enforcement

Always Level 2 Noncompliance.

- (21) **The provider shall separate children who develop signs of an infectious disease after arriving at the center from the other children in a safe, supervised location.**
- (22) **The provider shall contact the parents of children who are ill with an infectious disease and ask them to immediately pick up their child. If the provider cannot reach the parent, the provider shall contact the individuals listed as emergency contacts for the child and ask them to pick up the child.**

Rationale / Explanation

The purpose of these rules is to prevent ill children from spreading infectious disease to other children. In addition, ill children are often too sick to participate comfortably in regular classroom activities. CFOC, pgs. 124-129 Standards 3.065, 3.066, 3.067; pgs. 140-141 Standard 3.087

Enforcement

Always Level 2 Noncompliance.

- (23) **The provider shall notify the local health department, on the day of discovery, of any reportable infectious diseases among children or caregivers, or any sudden or extraordinary occurrence of a serious or unusual illness, as required by the local health department.**

Rationale / Explanation

Reporting infectious disease to the local health department provides the department with knowledge of illnesses within the community and allows them to offer preventive measures to children and families exposed to an outbreak of disease. CFOC, pg. 141 Standard 3.088

The following is a sample of diseases which may be required to be reported to local health departments. Providers should check with the local health department in their area for exact reporting requirements.

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- Chickenpox
- Diarrheal diseases, if two or more children or staff members in one classroom experience diarrhea within a 48 hour period.
- Diphtheria
- Giardiasis
- Hepatitis A, B, and C
- HIV and AIDS
- Influenza
- Measles
- Meningococcal infections
- Mumps
- Rubella
- Sexually transmitted diseases
- Shigellosis
- Viral Meningitis
- Whooping Cough

A good free informational guide for centers on controlling communicable diseases in child care centers can be found and printed at:

<http://health.utah.gov/epi/cdepi/daycarebook.pdf>

This guide is published by the Utah Department of Health, Office of Epidemiology. It includes:

- A parent letter that can be copied and filled in whenever a provider needs to notify parents of a communicable disease.
- A one page fact sheet on each disease that can be posted at the center, given to parents, or used in staff training. These fact sheets include:
 - Incubation period
 - Signs and symptoms
 - Methods of transmission
 - Minimum control measures
 - Guidelines for exclusion of ill children from a child care program.
 - Information on body substance clean up.
 - A listing of all local health departments.

Enforcement

Always Level 3 Noncompliance.

- (24) The provider shall post a parent notice at the center when any staff or child has an infectious disease or parasite.**
- (a) The provider shall post the notice in a conspicuous location where it can be seen by all parents.**
 - (b) The provider shall post and date the notice the same day the disease or parasite is discovered, and the notice shall remain posted for at least 5 days.**

Rationale / Explanation

Notification of parents also allows them to closely observe their child for early signs and symptoms of illness. Early identification and treatment of infectious disease are important in reducing further transmission of the

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disease. CFOC, pgs. 1139-140 Standard 3.085

The purpose for leaving the notice posted for 5 days is so that parents of children who do not attend every day see the notice.

When posting notices, the center should be careful to maintain confidentiality by not posting the names of sick children. The informational guide found at: <http://health.utah.gov/epi/cdepi/daycarebook.pdf> contains a parent letter that can be copied and filled in whenever a provider needs to notify parents of a communicable disease, and a one page fact sheet on each disease that can be posted at the center and given to parents.

Enforcement

Posting the notice of illness on a computerized sign-in program so that all parents automatically see it when they sign their children in and out meets the requirement of this rule.

Always Level 2 Noncompliance.